

Plan Type Code	Plan Code	Plan Description	Plan Definition	Financial Payer
ASGN	BI	0199A5 - Brain Injured	The Medicaid BI care level is described as brain injured. The revenue code definition from NUBC describes the service as Subacute Care - Other + Disability. (Condition Code A5 defines developmentally disabled.) Wisconsin Medicaid determines and assigns a Level of Care to establish eligibility and authorization for Medicaid payment of nursing home care for Wisconsin Medicaid nursing home residents.	TXIX
ASGN	CCFMM	Children Come First	Children Come First (CCF) is a community based service for children with severe emotional disturbance (SED). CCF will only provide selected mental health, AODA, and targeted case management services to enrollees (Dane County). All other services are payable under FFS Medicaid.	TXIX
ASGN	COMA	Lockin - Inpatient Coma Recovery	The Lockin Inpatient Coma Recovery plan is determined through a prior authorization (PA) process. The provider will need to be certified for, and have, a 'COMA' provider contract. This process allows claims to pay per diem rather than DRG. The Lockin Inpatient Coma Recovery plan includes all revenue codes 0001 - 1999.	TXIX
ASGN	CORMM	Core-HMO- Medical	HMOs that the State has contracted with to provide quality health care services to Medicaid and BadgerCare Plus recipients for a cost savings to the State. The capitation amount covers all the recipient's medical expenses, such as office visits, medications, and lab and x-ray services. The CORMM plan covers all Medical and no optional services.	TXIX
ASGN	CS PP	Lock-in Prescriber Controlled Substance	Lockin plan limited to controlled substances/restricted medications for members locked in to a defined set of pharmacies (billing provider) and physicians (prescribing provider). NOTE: No rules are associated to this assignment plan; restricted drugs are configured in CS RX assignment plan.	TXIX
ASGN	CS RX	Lockin Controlled Substances	The Lockin Controlled Substances plan includes a specific list of GSNs. The list of controlled substance GSNs is a subset of the Lockin Pharmacy (LI RX) plan. Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.	TXIX
ASGN	DD1A	0190A5 - Developmentally Disabled - A	The Medicaid DD1A care level is described as all developmentally disabled children under the age of 18 and adults of any age who require active treatment and whose health status is fragile, unstable or relatively unstable. The revenue code definition from NUBC describes the service as Subacute Care - General Classification + Disability. (Condition Code A5 defines developmentally disabled.) Wisconsin Medicaid determines and assigns a Level of Care to establish eligibility and authorization for Medicaid payment of nursing home care for Wisconsin Medicaid nursing home residents.	TXIX

ASGN	DD1B	0194A5 - Developmentally Disabled - 1B	<p>The Medicaid DD1B care level is described as all developmentally disabled children under the age of 18 and adults of any age who require active treatment and who exhibit behaviors of sufficient frequency, severity, or duration to cause a threat to health, safety, or welfare of themselves or others. These persons may manifest hyperactive behaviors; they may be security risks. The revenue code definition from NUBC describes the service as Subacute Care Level IV - Intensive Care: Extensive nursing and technical intervention + Disability. (Condition Code A5 defines developmentally disabled.)</p> <p>Wisconsin Medicaid determines and assigns a Level of Care to establish eligibility and authorization for Medicaid payment of nursing home care for Wisconsin Medicaid nursing home residents.</p>	TXIX
ASGN	DD2	0193A5 - Developmentally Disabled - 2	<p>The Medicaid DD2 care level is described as an adult who requires active treatment to learn basic ADL and social skills. These persons have the learning capacity to perform some of these skills with staff intervention. The revenue code definition from NUBC describes the service as Subacute Care Level III - Complex Care: Moderate to extensive nursing intervention + Disability. (Condition Code A5 defines developmentally disabled.)</p> <p>Wisconsin Medicaid determines and assigns a Level of Care to establish eligibility and authorization for Medicaid payment of nursing home care for Wisconsin Medicaid nursing home residents.</p>	TXIX
ASGN	DD3	0192A5 - Developmentally Disabled - 3	<p>The Medicaid DD3 care level is described as care level describes an adult who requires active treatment to learn a variety of skills in many areas, including but not limited to social skills, leisure skills, domestic, and vocational skills. These persons have the learning capacity to perform some of these skills independently and some with staff intervention. The revenue code definition from NUBC describes the service as Subacute Care Level II - Comprehensive Care: Moderate nursing intervention + Disability. (Condition Code A5 defines developmentally disabled.)</p> <p>Wisconsin Medicaid determines and assigns a Level of Care to establish eligibility and authorization for Medicaid payment of nursing home care for Wisconsin Medicaid nursing home residents.</p>	TXIX
ASGN	ED	Lockin Emergency Department	<p>The Emergency Department lockin plan includes procedure codes 99281-99288 (excluding specified provider types) and revenue codes 0450-0459 (excluding inpatient and long-term services).</p> <p>Note: A recipient can have multiple assigned lockins plans, however the recipient cannot be assigned into plans where there are overlapping services between the plans for the same date of service range.</p>	TXIX
ASGN	FAMCR	Family Care	<p>A managed care program that delivers long-term care services to eligible persons in selected counties. Family Care MA recipients are eligible for MA services as well as long-term care services via a Family Care CMO. Family Care nonMA recipients are only eligible for long-term care services via a Family Care CMO.</p>	TXIX

ASGN	HMOMB	HMO - Medical/Chiro/Dental	HMOs that the State has contracted with to provide quality health care services to Medicaid and BadgerCare Plus recipients for a cost savings to the State. The capitation amount covers all the recipient's medical expenses, such as office visits, medications, and lab and x-ray services. The HMOMB plan covers all Medical and optional Chiropractic and Dental services under the plan.	TXIX
ASGN	HMOMC	HMO - Medical/Chiro	HMOs that the State has contracted with to provide quality health care services to Medicaid and BadgerCare Plus recipients for a cost savings to the State. The capitation amount covers all the recipient's medical expenses, such as office visits, medications, and lab and x-ray services. The HMOMC plan covers all Medical and optional Chiropractic services. Dental services are payable under FFS Medicaid.	TXIX
ASGN	HMOMD	HMO - Medical/Dental	HMOs that the State has contracted with to provide quality health care services to Medicaid and BadgerCare Plus recipients for a cost savings to the State. The capitation amount covers all the recipient's medical expenses, such as office visits, medications, and lab and x-ray services. The HMOMD plan covers all Medical and optional dental services under the plan. Chiropractic services are payable under FFS Medicaid.	TXIX
ASGN	HMOMM	HMO - Medical	HMOs that the State has contracted with to provide quality health care services to Medicaid and BadgerCare Plus recipients for a cost savings to the State. The capitation amount covers all the recipient's medical expenses, such as office visits, medications, and lab and x-ray services. The HMOMM plan covers all Medical and no optional services. Chiropractic and Dental services are payable under FFS Medicaid.	TXIX
ASGN	HOSPC	Hospice	<p>When a Medicaid recipient is terminally ill and is expected to live less than six months, they may choose to enroll in hospice, waiving all Medicaid benefits which are directly related to the terminal illness. The hospice is responsible for providing all Medicaid eligible services which are directly related to the terminal illness.</p> <p>The Hospice Lockin plan includes all revenue codes 0000 - 9999 and all procedure codes 00001 - Z9999. Certain claim type and provider type/specialty exclusions apply.</p> <p>Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.</p>	TXIX
ASGN	IBI	0199X0 - Intensive Brain Injured	<p>The Medicaid IBI care level is described as intensive brain injured. The revenue code definition from NUBC describes the service as Subacute Care - Other + Intensive. (Condition Code X0 (X zero) defines intensive brain injury care.)</p> <p>Wisconsin Medicaid determines and assigns a Level of Care to establish eligibility and authorization for Medicaid payment of nursing home care for Wisconsin Medicaid nursing home residents.</p>	TXIX

ASGN	ICF1	0193 - Intensive Care Facility - Level 1	The Medicaid ICF1 care level is described as Intermediate Care - Room/Board. The revenue code definition from NUBC describes the service as Subacute Care Level III - Complex Care: Moderate to extensive nursing intervention. Wisconsin Medicaid determines and assigns a Level of Care to establish eligibility and authorization for Medicaid payment of nursing home care for Wisconsin Medicaid nursing home residents.	TXIX
ASGN	ICF2	0192 - Intensive Care Facility - Level 2	The Medicaid ICF2 care level is described as Personal Care - Room/Board. The revenue code definition from NUBC describes the service as Subacute Care Level II - Comprehensive Care: Moderate to extensive nursing intervention. Wisconsin Medicaid determines and assigns a Level of Care to establish eligibility and authorization for Medicaid payment of nursing home care for Wisconsin Medicaid nursing home residents.	TXIX
ASGN	ICF34	0191 - Intensive Care Facility - Level 3/4	The Medicaid ICF3/4 care level is described as Residential Care - Room/Board. The revenue code definition from NUBC describes the service as Subacute Care Level I - Skilled Care: Minimal nursing intervention. Wisconsin Medicaid determines and assigns a Level of Care to establish eligibility and authorization for Medicaid payment of nursing home care for Wisconsin Medicaid nursing home residents.	TXIX
ASGN	ISN	0199 - Intensive Skilled Nursing	The Medicaid ISN care level is described as Intensive Skilled Nursing treatment. The revenue code definition from NUBC describes the service as Other Subacute Care Intensive treatment. Wisconsin Medicaid determines and assigns a Level of Care to establish eligibility and authorization for Medicaid payment of nursing home care for Wisconsin Medicaid nursing home residents.	TXIX
ASGN	LIDDS	Lockin Dental	The Lockin Dental plan includes CDT codes D0100 - D9999. The list of dental codes is a subset of the Lockin Primary Provider (LI PP) plan and is exclusive of lockin plans LIPHD and LIMED. Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.	TXIX
ASGN	LI ED	Lockin Emergency Department	The Lockin Emergency Department plan includes revenue codes 0450-0459 (excluding inpatient and long-term services). Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.	TXIX

ASGN	LIMED	Lockin Medical	<p>The Lockin Medical plan includes procedure codes 00100 - 99999. The list of medical procedure codes is a subset of the Lockin Primary Provider (LL PP) plan and is exclusive of lockin plans LIDDS and LIPHD.</p> <p>Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service</p>	TXIX
ASGN	LIPHD	Lockin Psychotherapy	<p>The Lockin Psychotherapy plan includes procedure codes H0001 - H2037, and 90801 - 90899. The list of psychotherapy procedure codes is a subset of the Lockin Primary Provider (LI PP) plan and is exclusive of lockin plans LIDDS and LIMED.</p> <p>Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.</p>	TXIX
ASGN	LI PP	Lockin Primary Provider	<p>The Primary Provider Lockin plan includes revenue codes 0250 - 0259, 0450 - 0459 and 0510 - 0519 and all procedure codes 00001-Z9999.</p> <p>Certain claim type exclusions apply.</p> <p>Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.</p>	TXIX
ASGN	LI RX	Lockin Pharmacy	<p>The Pharmacy lockin plan includes all NDC's.</p> <p>Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.</p>	TXIX
ASGN	MR RX	Lockin Skeletal Muscle Relaxants	<p>The Lockin Skeletal Muscle Relaxants plan includes a specific list of GSNs. The list of skeletal muscle relaxants is a subset of the Lockin Controlled Substances (CS RX) plan and is exclusive of lockin plans ST RX, N RX, MT RX, and OT RX.</p> <p>Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.</p>	TXIX
ASGN	MT RX	Lockin Minor Tranquilizers	<p>The Lockin Minor Tranquilizers plan includes a specific list of GSNs. The list of minor tranquilizers is a subset of the Lockin Controlled Substances (CS RX) plan and is exclusive of lockin plans ST RX, N RX, MR RX, and OT RX.</p> <p>Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.</p>	TXIX

ASGN	NEURO	Lockin - Inpatient Neuro Behavioral	The Lockin Inpatient Neuro Behavioral plan is determined through a prior authorization (PA) process. The provider will need to be certified for, and have, a 'NEURO' provider contract. This process allows claims to pay per diem, rather than DRG. The Lockin Inpatient Neuro Behavioral plan includes all revenue codes 0001 - 1999.	TXIX
ASGN	NHHPC	Nursing Home when in Hospice Lockin	This plan is to identify the Nursing Home provider when submitted on the Hospice Enrollment form. This is an informational plan only that will be used in the manual pricing process and will not have covered services.	TXIX
ASGN	N RX	Lockin Narcotics	The Lockin Narcotics plan includes a specific list of GSNs. The list of narcotics is a subset of the Lockin Controlled Substances (CS RX) plan and is exclusive of lockin plans ST RX, MT RX, and MR RX. Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.	TXIX
ASGN	OT RX	Lockin Opioid Treatment	The Lockin Opioid Treatment plan includes a list of included GSNs, a list of excluded GSNs, and one procedure code. The intent of this lockin plan is to restrict recipients enrolled in methadone or opioid treatment programs to a single pharmacy for drugs used to treat opioid addiction and to prevent the recipient from getting narcotics at other pharmacies. The list of excluded GSNs overlaps with GSNs in lockin plan N RX. Recipients assigned to this lockin plan should not be assigned to the N RX lockin plan. Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.	TXIX
ASGN	PACPB	PACE/Partnership	PACE and Partnership programs integrate acute, long-term care, and home and community based services for the frail elderly and people with disabilities. These	TXIX
ASGN	SNF	0194 - Skilled Nursing Facility	The Medicaid SNF care level is described as Skilled Nursing - Room/Board. The revenue code definition from NUBC describes the service as Subacute Care Level IV - Intensive Care: Extensive nursing and technical intervention. Wisconsin Medicaid determines and assigns a Level of Care to establish eligibility and authorization for Medicaid payment of nursing home care for Wisconsin Medicaid nursing home residents.	TXIX
ASGN	SSIDB	SSI - Dane - Medical/Chiro/Dental	SSI Managed Care is a program of health services for people with mental or physical disabilities. SSI Managed Care provides Medicaid covered services and a health care coordinator who brings together the services of the primary care doctor, specialty doctors and community agencies. The SSIDB plan covers all Medical and optional Chiropractic and Dental services under the plan.	TXIX

ASGN	SSIDC	SSI - Dane - Medical/Chiro	SSI Managed Care is a program of health services for people with mental or physical disabilities. SSI Managed Care provides Medicaid covered services and a health care coordinator who brings together the services of the primary care doctor, speciality doctors and community agencies. The SSIDC plan covers all Medical and optional Chiropractic services. Dental services are payable under FFS Medicaid.	TXIX
ASGN	SSIDDD	SSI - Dane - Medical/Dental	SSI Managed Care is a program of health services for people with mental or physical disabilities. SSI Managed Care provides Medicaid covered services and a health care coordinator who brings together the services of the primary care doctor, speciality doctors and community agencies. The SSIDDD plan covers all Medical and optional Dental services. Chiropractic services are payable under FFS Medicaid.	TXIX
ASGN	SSIDM	SSI - Dane - Medical	SSI Managed Care is a program of health services for people with mental or physical disabilities. SSI Managed Care provides Medicaid covered services and a health care coordinator who brings together the services of the primary care doctor, speciality doctors and community agencies. The SSIDM plan covers all Medical and no optional services. Chiropractic and dental services are payable under FFS Medicaid.	TXIX
ASGN	SSIMB	SSI - Milw - Medical/Chiro/Dental	SSI Managed Care is a program of health services for people with mental or physical disabilities. SSI Managed Care provides Medicaid covered services and a health care coordinator who brings together the services of the primary care doctor, speciality doctors and community agencies. The SSIMB plan covers all Medical and optional Chiropractic and Dental services under the plan.	TXIX
ASGN	SSIMC	SSI - Milw - Medical/Chiro	SSI Managed Care is a program of health services for people with mental or physical disabilities. SSI Managed Care provides Medicaid covered services and a health care coordinator who brings together the services of the primary care doctor, speciality doctors and community agencies. The SSIMC plan covers all Medical and optional Chiropractic services. Dental services are payable under FFS Medicaid.	TXIX
ASGN	SSIMD	SSI - Milw - Medical/Dental	SSI Managed Care is a program of health services for people with mental or physical disabilities. SSI Managed Care provides Medicaid covered services and a health care coordinator who brings together the services of the primary care doctor, speciality doctors and community agencies. The SSIMD plan covers all Medical and optional Dental services. Chiropractic services are payable under FFS Medicaid.	TXIX
ASGN	SSIMM	SSI - Milw - Medical	SSI Managed Care is a program of health services for people with mental or physical disabilities. SSI Managed Care provides Medicaid covered services and a health care coordinator who brings together the services of the primary care doctor, speciality doctors and community agencies. The SSIMM plan covers all Medical and no optional services. Chiropractic and dental services are payable under FFS Medicaid.	TXIX

ASGN	ST RX	Lockin Stimulants	<p>The Lockin Stimulants plan includes a specific list of GSNs. The list of stimulants is a subset of the Lockin Controlled Substances (CS RX) plan and is exclusive of lockin plans N RX, MT RX, MR RX, and OT RX.</p> <p>Note: A recipient can have multiple lockin plans for the same or different dates of service. However, the recipient cannot be in lockin plans with overlapping services for the same billing/rendering provider for the same dates of service.</p>	TXIX
ASGN	TRANS	Transportation Manager	State-contracted transportation manager responsible for coordinating transport services for Medicaid and BadgerCare Plus recipients (excludes NH Lock-in) for a cost savings to the State. Services include non-emergency transport provided by ambulance (with related DMS) or by SMV.	TXIX
ASGN	VENT	Lockin - Inpatient Ventilator	The Lockin Inpatient Ventilator plan is determined through a prior authorization (PA) process. The provider will need to be certified for, and have, a 'VENT' provider contract. This process allows claims to pay per diem, rather than DRG. The Lockin Inpatient Ventilator plan includes all revenue codes 0001 - 1999.	TXIX
ASGN	WAMMM	Wraparound Milwaukee	WrapAround Milwaukee (WAM) is a community-based service for children with severe emotional disturbance (SED). WAM will only provide selected mental health, AODA, and targeted case management services to enrollees. (Milwaukee County) All other services are payable under FFS Medicaid.	TXIX
BNFT	ADAP	AIDS/HIV Drug Assistance Program	The Wisconsin AIDS/HIV Drug Assistance Program (ADAP), authorized by s. 49.686 of the Wisconsin statutes, is designed to maintain the health and independence of persons living with HIV infection in Wisconsin by providing access to HIV-related antiretroviral drugs and prophylactic medications as well as vaccines for hepatitis A and B. The ADAP formulary also includes hepatitis C virus (HCV) medications for persons co-infected with HIV and HCV.	ADAP
BNFT	AE	Alien Emergency Services Only	Qualified undocumented immigrants under the Immigration Reform and Control Act of 1986, eligible for mandatory emergency services only.	TXIX
BNFT	ALL	ALL	ALL	ALL
BNFT	BC	BadgerCare	The federal program to provide health insurance coverage for lower income children who are not eligible for Medicaid. It was established through the enactment of Title 21 of the Social Security Act. Wisconsin's SCHIP program is BadgerCare. The Medicaid-related program designed to provide access to health care for low-income families with dependent children. It is Wisconsin's State Children's Health Insurance Program authorized under Title 21 (SCHIP).	TXIX
BNFT	BCBAS	BadgerCare Plus Basic Plan	The BadgerCare Basic program is a premium-based program that is funded fully by the members enrolled in the program. The Basic program was designed to help people who are currently on the wait list for Core plan health insurance.	TXIX
BNFT	BCBEE	BC+ Benchmark EE for Pregnant Women	Express Enrollment provides a temporary period of eligibility (1-2 months) in order to give the woman time to apply for full BC+ benefits. The coverage of this plan is limited to ambulatory prenatal services, including dental, that are allowed under the Benchmark Plan.	TXIX

BNFT	BCBP	BC+ Benchmark Plan	There are 2 new limited MA benefit BC+ Benchmark Plans. Coverage rules for the med stats that will be enrolled into this plan will NOT have dental services. This is achieved by dental PT restrictions.	TXIX
BNFT	BCBPD	BC+ Benchmark Plan and Dental	There are 2 new limited MA benefit BC+ Benchmark Plans. Coverage rules for the med stats that will be enrolled into this plan will have select dental services and the dental PT allowed.	TXIX
BNFT	BCCCO	BadgerCare Plus Core Plan 2	The BadgerCare Plus Core Plan for Childless Adults is a program for individuals to receive limited benefits and have different copay for certain services (e.g.; inpatient/outpatient copay upper limit). The plan covers basic health care services including primary care, preventive care, generic drugs, and a limited number of brand name prescription drugs.	TXIX
BNFT	BCCP	BadgerCare Plus Core Plan 1	The BadgerCare Plus Core Plan for Childless Adults is a program for individuals enrolled in the Milwaukee General Assistance Medical Program (GAMP) and the other participating counties' general assistance (GA) medical programs. The plan covers basic health care services including primary care and preventive care, generic drugs, and a limited number of brand name prescription drugs.	TXIX
BNFT	BCHKP	BC+ Std for Drug, BC+ BMP for all other w/ dental	BC+ HIRSP Kid Plan	TXIX
BNFT	BCSEE	BC+ Standard EE for Pregnant Women	Express Enrollment replaces the current limited PE plan for pregnant women. Express Enrollment provides a temporary period of eligibility (1-2 months) in order to give the woman time to apply for full BC+ benefits. The coverage of this plan is limited to ambulatory prenatal services, including dental.	TXIX
BNFT	BCSP	BC+ Standard Plan	This is the new plan that replaces full benefit family MA and BadgerCare. Select current med stats will be end-dated and new med stats have been created for the new BC+ Standard enrollment.	TXIX
BNFT	CRSW	CRS Waiver	Community Recovery Services Waiver	TXIX
BNFT	CTS	State Supplemental Payment - Caretaker Supplement	Caretaker Supplement (CTS) is a monthly cash benefit paid by the state to certain low-income elderly, blind, and disabled residents who receive SSI benefits and have children in the household.	SSI
BNFT	DENTL	Dental Ortho/Dentures Only	This plan is to identify when eligibility has expired however, dental or ortho services should still be covered. When PA is grant and the recipient eligibility has expired, add this plan to extend eligibility for these service only.	TXIX
BNFT	FC	Family Care Non-MA	A managed care program that delivers long-term care services to eligible persons in selected counties. Family Care MA recipients are eligible for MA services as well as long-term care services via a Family Care CMO. Family Care nonMA recipients are only eligible for long-term care services via a Family Care CMO.	TXIX
BNFT	FPW	Family Planning Only Services (FPOS)	Coverage for Wisconsin females of child-bearing age for family planning services. Under an 1115 waiver from CMS, Medicaid services were expanded to cover a limited array of family planning services to specific individuals who would not otherwise be eligible for Medicaid coverage.	TXIX

BNFT	FSTMA	Medicaid for Foster Care	Medicaid is a program that pays for Medicaid for children in foster care, state subsidized guardianship and adoption assistance programs. Title 19 of the Social Security Act became law in 1965 and is jointly funded by the federal and state governments to assist states in paying for medical services to children who meet certain eligibility criteria, including receiving Title IV-E benefits. Medicaid is the largest source of funding for medical and health-related services for people with limited income.	TXIX
BNFT	MAP	Medicaid Purchase Plan	A Medicaid plan in which working adults with disabilities whose family net income is less than 250% of the poverty line are eligible to purchase Medicaid coverage on a sliding-fee scale.	TXIX
BNFT	MAPW	Medicaid Purchase Plan Waiver	MAPP Waiver programs support working adults with disabilities in the community. Individuals in this program qualify for Medicaid, through the Medicaid Purchase Program (MAPP) and community waivers that offer a flexible array of services and supports intended to respond to each individual's unique needs. Working with the person, a care manager/support and service coordinator will assist an individual to develop an individualized and person-centered plan that provides the services needed to help the person negotiate the work environment.	TXIX
BNFT	MCD	Medicaid	Medicaid is a program that pays for Medicaid for certain individuals and families with low incomes and resources. Title 19 of the Social Security Act became law in 1965 and is jointly funded by the federal and state governments to assist states in paying for medical services to people who meet certain eligibility criteria. Medicaid is the largest source of funding for medical and health-related services for people with limited income.	TXIX
BNFT	MCDW	Medicaid Waiver	Medicaid Waiver programs permit Medicaid dollars to be used to support people with disabilities in community rather than institutional settings. These programs offer a flexible array of services and supports intended to respond to each individual's unique needs. In Waiver programs, funding follows the person rather than covering a service or funding a provider. People eligible to receive funds for these services qualify for institutional placement. Many are relocated from institutions but most are supported in the community in lieu of an institutional placement. The general goals of these programs are to maximize choice and independence in the community, to promote social participation, to assure health and safety and to provide people with a quality living experience. Working with the person, a care manager/support and service coordinator will assist an individual to develop an individualized and person-centered plan that provides the services needed to help the person achieve his/her identified outcomes.	TXIX
BNFT	PE	Presumptive Eligibility - Pregnancy	A procedure by which a qualifying provider determines that a woman meets certain basic Medicaid eligibility and pregnancy requirements and certifies her Medicaid eligibility for a temporary period of 2 to 3 months.	TXIX
BNFT	QDWI	Qualified Disabled Working Individuals	Qualified disabled working individuals (QDWI) eligible for state payment of Medicare Part A premiums only. No Medicare co-insurance or deductible are payable, so no claims data will appear for these eligibles.	TXIX

BNFT	QMB	Qualified Medicare Beneficiary	Special category of Medicaid recipients for whom Medicaid pays Medicare coinsurance, deductibles and Part A and/or B premiums.	TXIX
BNFT	SC1	Senior Care Level 1- 0 to 200% FPL	A Wisconsin program of prescription drug assistance for eligible elderly persons established under Wisconsin statute and funded in part through an 1115 waiver.	TXIX
BNFT	SC2	Senior Care 2- Over 200% FPL	A Wisconsin program of prescription drug assistance for eligible elderly persons established under Wisconsin statute and funded in part through an 1115 waiver.	TXIX
BNFT	SLB	Specified Low-income Medicare Beneficiary	Specified Low-income Medicare Beneficiaries (SLMBs) with income up to 120% of the federal poverty level. They are eligible for the state payment of Medicare Part B premiums only. No Medicare co-insurance or deductible are payable, so no claims data will appear for these eligibles.	TXIX
BNFT	SLB+	Specified Low-income Medicare Beneficiary Plus	Specified Low Income Medicare Beneficiaries (SLMB Plus) Qualified Buyin Individual Group 1, 120%-135% of FPL, eligible for state payment of Medicare Part B premium only, effective 1/1/98. No Medicare co-insurance or deductible are payable, so no claims data will appear for these eligibles.	TXIX
BNFT	SSI	State Supplemental Payment - State Supplemental In	Supplemental Security Income (SSI) is a monthly cash benefit paid by the DHFS to certain low-income elderly, blind, and disabled residents of Wisconsin. Recipients eligible for SSI are automatically eligible for the Medicaid SSIMA benefit plan.	SSI
BNFT	SSIE	State Supplemental Payment - State Supplemental In	Supplemental Security Income - Exception (SSI-E) is a monthly cash benefit paid by the DHFS to certain low-income elderly, blind, and disabled residents of Wisconsin who are also receiving SSI benefits.	SSI
BNFT	SSIMA	Medicaid for SSI	SSI Medicaid is a program that pays for Medicaid for individuals receiving federal and/or state Supplemental Security Income (SSI) benefits. Title 19 of the Social Security Act became law in 1965 and is jointly funded by the federal and state governments to assist states in paying for medical services to people who are eligible for SSI cash benefits.	TXIX
BNFT	TB	Tuberculosis Services Only	An optional Medicaid coverage group, for persons infected with tuberculosis and whose income and resources do not exceed SSI standards. Benefits are limited to those services related to the treatment of tuberculosis.	TXIX
BNFT	WCDC	Wisconsin Chronic Disease-Adult Cystic Fibrosis	This Wisconsin Chronic Disease plan offers assistance to Wisconsin residents with adult cystic fibrosis. It is funded entirely by state dollars and pays health care providers for disease related services and supplies after all other sources of payment have been exhausted. If a WCDC participant is enrolled in Medicaid or BadgerCare at the same time, the participant is considered eligible only for over-the-counter prescription drugs that are not covered by Medicaid or BadgerCare, and are covered by WCDC. SeniorCare Participants are eligible for WCDC services and coordinated benefits with SeniorCare.	WCDCP

BNFT	WCDH	Wisconsin Chronic Disease-Hemophilia HomeCare	This Wisconsin Chronic Disease plan offers assistance to Wisconsin residents with hemophilia. It is funded entirely by state dollars and pays health care providers for disease related services and supplies after all other sources of payment have been exhausted. If a WCDH participant is enrolled in Medicaid or BadgerCare at the same time, the participant is considered eligible only for over-the-counter prescription drugs that are not covered by Medicaid or BadgerCare, and are covered by WCDH. SeniorCare Participants are eligible for WCDH services and coordinated benefits with SeniorCare.	WCDP
BNFT	WCDK	Wisconsin Chronic Disease-Renal Disease	This Wisconsin Chronic Disease plan offers assistance to Wisconsin residents with chronic renal disease. It is funded entirely by state dollars and pays health care providers for disease related services and supplies after all other sources of payment have been exhausted. If a WCDK participant is enrolled in Medicaid or BadgerCare at the same time, the participant is considered eligible only for over-the-counter prescription drugs that are not covered by Medicaid or BadgerCare, and are covered by WCDK. SeniorCare Participants are eligible for WCDK services and coordinated benefits with SeniorCare.	WCDP
BNFT	WWMA	Wisconsin Well Woman Medicaid	A Medicaid plan available to eligible women who are diagnosed with breast or cervical cancer through the State's Wisconsin Well Woman Program (WWWP).	TXIX
BNFT	WWWP	Wisconsin Well Woman Program	A state/federal limited benefit plan intended to help uninsured low income women from ages 35 to 64 obtain screenings for breast and cervical cancers. The Division of Public Health administers the plan. Women diagnosed with breast or cervical cancer through the State's WWWP may qualify for treatment through WWMA if they meet eligibility requirements.	WWWP